



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223
www.dbr.state.ri.us

FAX No. (401) 222-5475
TDD No. (401) 222-2999

INSTRUCTIONS FOR BRANCH OFFICE AFFILIATION/REGISTRATION APPLICATION

Before completing the attached application, please be sure to read the following:

1. Main Corporate Office shall mean a Business Entity insurance producer licensee pursuant to R.I. Gen. Laws § 27-2.4-1 established prior to any Branch Office(s) or the Business Entity insurance producer that is the main office of the licensed Business Entity.
2. A Branch Office shall mean a corporation, association, partnership, limited liability company, limited liability partnership, or other legal entity with the same federal identification number as an existing non-resident or resident Business Entity insurance producer licensee as defined in R.I. Gen. Laws § 27-2.4-2 seeking to establish a new physical office located in Rhode Island or another physical office located in Rhode Island for the purpose of selling, soliciting or negotiating insurance.
3. Each Main Corporate and Branch Office affiliation is required to list at least one (1) Designated Responsible Licensed Producer (“DRLP”). The DRLP is required to hold a RI license.
4. The Insurance Division requires a separate application be submitted for each Branch Office location.
5. The Main Corporate office will hold the Rhode Island Producer license and each Branch Office on file is authorized to transact business for the same line(s) of authority as the Main Corporate. The Branch Office will not receive a separate Producer license.
6. A copy of the Rhode Island Main Corporate Insurance Producer license should be attached to each Branch Office application that is submitted to the Insurance Division.
7. A Letter of Certification is not required for a nonresident license in Rhode Island. The Rhode Island Insurance Division will verify the State Producer Licensing Database (SPLD) or the Main Corporate may submit a copy of the Producer Database (PDB) verification.

The fee for each Branch Office affiliation is \$25.00.

Checks should be made payable to: *General Treasurer, State of Rhode Island*

Main Corporate Offices should maintain a copy of the Branch Office affiliation applications.

NOTE: If you wish to delete a Branch Office Affiliation that is currently on file with the Department, the Main Corporate is required to notify the Insurance Division in writing. The notification should include the: Main Corporate Name, business address, Rhode Island license number and the location and the Branch Office that you wish to delete. A fee is not required for the deletion of a Branch Office Affiliation. It should also be noted that Main Corporate business entity licenses renew every two (2) years and will expire on May 31st. The expiration date for new applications is based on the year in which the business entity applies (even vs. odd).

For additional licensing information, please visit the Department website at www.dbr.state.ri.us.

MAIL TO:

State of Rhode Island and Providence Plantations
 Department of Business Regulation
 Insurance Division
 233 Richmond Street, Suite 233
 Providence, RI 02903

Rhode Island Application for Branch Office Affiliation/Registration

(Please Print or Type)

Check appropriate box for license requested.

- ☐ NEW APPLICATION
- ☐ AMENDED APPLICATION
- ☐ Resident License
- ☐ Non-Resident License

- Identify Home State: _____
- Identify Home State License #: _____

**Nonresidents are not required to submit a Letter of Certification.
 Rhode Island will verify the home state license with PDB/SPLD.*

① Main Corporate Business Entity Name		② Incorporation/Formation Date		③ FEIN -	
④ If assigned, National Producer Number (NP#)		⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number			
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.		⑦ State of Domicile		⑧ Country of Domicile	
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Main Corporate Business Address		⑪ City		⑫ State ⑬ Zip Code ⑭ Foreign Country	
⑮ Phone Number () -		⑯ Fax Number () -		⑰ Business Web Site Address ⑱ Business E-Mail Address	
⑲ Mailing Address		⑳ P.O. Box ㉑ City		㉒ State ㉓ Zip Code ㉔ Foreign Country	
㉕ Branch Office Affiliation					
Address (physical location): _____ City: _____ State: _____ zip: _____ Phone Number: _____ Fax Number: _____ E-mail address: _____					

Designated/Responsible Licensed Producer

- 26 Identify at least one Designated/Responsible Licensed Producer: *(See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)*

Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____
Name _____	SSN _____	-	-	RI License No. _____

Owners, Partners, Officers and Directors

- 27 Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity:

Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____	-	-	Owner: Yes / No

Background Information

29 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

Applicants Certification and Attestation

30 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Attachments

31 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

**Must be signed by an officer, director, principal
or partner of the business entity:**

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip